

Food and Drug Administration
Center for Food Safety and Applied Nutrition
Office of Special Nutritionals

ARMS#

13110



4 - ER URGENT

000001

Nº

MEDICAL REPORT

Date 07-02-98

Ambulance #

Run #

Disp. rec.

Call rec.

Amb. out

On loc.

On scene

Lv. scene

At hosp.

In service

Emergency Location	Attendants	Mileage
	1	End
	2	Begin
	3	Total
	4	

Patient Name	DOB or age	Sex
		M (F)
Patient Address	Patient Zip Code	ER
<input type="checkbox"/> Same as Emergency Location		

Chief Complaint SEIZURE

Medical History PT. SISTER DENIES Medications PT. SISTER DENIES

Allergies PT. SISTER DENIES Treatment before arrival Yes RESTRAINED PT. By whom DENTIST

LEVEL OF CONSCIOUSNESS	BREATH SOUNDS	RESPIRATION	SPEECH	PULSE	PUPILS	SKIN	Moisture:
awake	R L present	normal	normal	regular	R L pinpoint	Temp. Color	dry
unresponsive	R L decreased	shallow	slurred	irregular	R L constricted	hot	normal
Response to:	R L absent	labored	coherent	normal	R L mid-size	warm	pale
verbal	R L normal	apnea	incoherent	full	R L dilated	cool	cyanotic
touch	R L wheezing		silent	bounding	R L reactive	cold	mottled
pain	R L rales/ronchi			weak	R L sluggish	flushed	diaphoretic
G.C.S.	not assessed			thready	R L non-Reactive	jaundice	rigor mortis
stuporous				absent			present
unconscious							

Fluid	needle	gauge	time started	total volume	#IV attempts	Started by:	Meds given by:
D5W LR NS	scalpvein	angio	2037	infused 150 cc	1 Y N		
Fluid	needle	gauge	time started	total volume	#IV attempts	Started by:	
D5W LR NS	scalpvein	angio		infused cc	Y N		

Time	B.P.	P	R	ECG	Time	DRUG	Dose/Rate	Route	Defib
2035	120/p	146	32		2040	VALIUM	5.0 mg	IVP	
2043	140/p	146	32	SINUS TACH	2045	VALIUM	5.0 mg	IVP	

Airway Maintenance	Oxygen at 15 l/min	MAST applied	Traction splint	Pericardiocentesis ()	SA O ₂ Rate
Head position	Nasal prongs	MAST inflated	Cervical collar	Relief tension pneumothorax	88 %
Oral-pharyngeal airway	Simple mask	NG tube ()	Backboard	Cold pack to	
Endotracheal tube ()	Reservoir mask	Blood sample ()	Board splint	KED	
Esophageal obturator ()	Hope bag	Suction	Air splint	FRAC strap	Blood glucose
Cricothyroidotomy ()	Elder valve	CPR	Bandaging	CID	122 mg/dl
Naso-pharyngeal airway					

COMMENTS: DISPATCHED TO ABOVE LOCATION FOR ♀ c/o SEIZURE. UPON ARRIVAL PT. WAS SCREAMING & SNORING RESPIRATIONS AND ARMS + LEGS JERKING. PT. WAS UNRESPONSIVE, PUPILS PERRI, AND PT. INCONTINENT. PT. WAS PLACED ON HIGH-FLOW O₂ AND V.S OBTAINED. RN IV WAS ESTABLISHED + PT. RESTRAINED. PT. REMAINS UNRESPONSIVE BUT COMBATIVE + SCREAMING. PT. WAS GIVEN 5.0 MG VALIUM IVP & ANY EFFECT. VS. REASSESSED + REMAINS UNRESPONSIVE + COMBATIVE + SCREAMING. PT. WAS GIVEN ANOTHER 5.0 MG VALIUM IVP & CHANGE IN CONDITION. PT. WAS PLACED ON COT + RESTRAINED. PT. TRANSPORTED TO [REDACTED], UPON ARRIVAL PT. CONDITION REMAINS SAME + IV INFUSED.

Conveyed to:	<input checked="" type="checkbox"/> [REDACTED]	<input type="checkbox"/> Other:
Transport position:	Supine	Sitting Prone On (R, L) side Restrained Other:
Case reviewed:	<input type="checkbox"/> yes <input type="checkbox"/> no	By: Medical Director ER Staff
Paramedic Signatures:	1. [REDACTED]	MD/ER Sign [REDACTED]

000002

PATIENT		EMERGENCY PERSONNEL		ROAD CONDITIONS		ARRIVAL STATUS	
Date: 3-98		Ambulance: [Redacted]		70 <input type="checkbox"/> Clear 71 <input checked="" type="checkbox"/> Rain 72 <input type="checkbox"/> Fog 73 <input type="checkbox"/> Snow 74 <input type="checkbox"/> Ice/Sleet		01 <input type="checkbox"/> MFD at scene 02 <input type="checkbox"/> Other FD/scene 03 <input type="checkbox"/> MPD/scene 04 <input type="checkbox"/> Sheriff/scene 05 <input checked="" type="checkbox"/> Code Orange 06 <input type="checkbox"/> Other Amb.	
Location: [Redacted]		MILEAGE: Beginning 540.9		DISPATCH: 07 <input checked="" type="checkbox"/> 10-17 Response 08 <input type="checkbox"/> 10-16 Response 09 <input checked="" type="checkbox"/> 10-17 Transfer 10 <input type="checkbox"/> 10-16 Transfer		INITIAL FIRST AID: Who? What? [Redacted]	
Conveyed: [Redacted]		End: [Redacted]		In Service: [Redacted]		Med. Called: [Redacted]	
City: [Redacted]		State: [Redacted]		Apt#: [Redacted]		Phone#: [Redacted]	
Last Name: [Redacted]		First Name: [Redacted]		DOB: [Redacted]		Age: 42	
Address: [Redacted]		Patient's Physician: [Redacted]		SS#: [Redacted]		Sex: F	
Chief Complaint: [Redacted]		Cause of Injury: [Redacted]		Reason For Transportation: [Redacted]		CPR: <input checked="" type="checkbox"/> None <input type="checkbox"/> Est. Mins. w/o CPR <input type="checkbox"/> Time CPR Started <input type="checkbox"/> Time CPR Stopped	
Patient Assessment: <input type="checkbox"/> Circulation <input checked="" type="checkbox"/> Motor <input checked="" type="checkbox"/> Sensation		CONSCIOUSNESS: Initial <input type="checkbox"/> Alert <input type="checkbox"/> Verbal <input type="checkbox"/> Pain <input type="checkbox"/> Unconscious <input checked="" type="checkbox"/>		CURRENT MEDICATIONS: [Redacted]		ALLERGIES: [Redacted]	
A: <input type="checkbox"/> Full Obst <input type="checkbox"/> Part Obst		B: <input type="checkbox"/> Normal <input type="checkbox"/> Shallow		C: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular		D: <input type="checkbox"/> Yes (See attached report) <input type="checkbox"/> No <input type="checkbox"/> Monitored EMT Exposed To Body Fluids? 69 <input type="checkbox"/> Yes (Explain)	
T: <input type="checkbox"/> Abdominal		R: <input type="checkbox"/> Amputation		A: <input type="checkbox"/> Back		M: <input type="checkbox"/> Bleeding	
M: <input type="checkbox"/> COPD		D: <input type="checkbox"/> CVA-TIA		S: <input type="checkbox"/> Diabetes		N: <input type="checkbox"/> Drugs	
42 <input type="checkbox"/> Alcohol		43 <input type="checkbox"/> Anaphylaxis		44 <input type="checkbox"/> Asthma		45 <input type="checkbox"/> Cardiac	
46 <input type="checkbox"/> COPD		47 <input type="checkbox"/> CVA-TIA		48 <input type="checkbox"/> Diabetes		49 <input type="checkbox"/> Drugs	
50 <input type="checkbox"/> Exposure		51 <input type="checkbox"/> Poison Type		52 <input type="checkbox"/> OB/GYN		53 <input type="checkbox"/> Psychiatric	
54 <input type="checkbox"/> Seizure		55 <input type="checkbox"/> Shock		56 <input type="checkbox"/> Other		57 <input type="checkbox"/> Poss SIDS	
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566 <input type="checkbox"/> Shock		567 <input type="checkbox"/> Other		568 <input type="checkbox"/> OB/GYN		569 <input type="checkbox"/> Poss SIDS	
570 <input type="checkbox"/> Psychiatric		571 <input type="checkbox"/> Seizure		572 <input type="checkbox"/> Shock		573 <input type="checkbox"/> Other	
574 <input type="checkbox"/> OB/GYN		575 <input type="checkbox"/> Poss SIDS		576 <input type="checkbox"/> Psychiatric		577 <input type="checkbox"/> Seizure	
578 <input type="checkbox"/> Shock		579 <input type="checkbox"/> Other		580 <input type="checkbox"/> OB/GYN		581 <input type="checkbox"/> Poss SIDS	
582 <input type="checkbox"/> Psychiatric		583 <input type="checkbox"/> Seizure		584 <input type="checkbox"/> Shock		585 <input type="checkbox"/> Other	
586 <input type="checkbox"/> OB/GYN		587 <input type="checkbox"/> Poss SIDS		588 <input type="checkbox"/> Psychiatric		589 <input type="checkbox"/> Seizure	
590 <input type="checkbox"/> Shock		591 <input type="checkbox"/> Other		592 <input type="checkbox"/> OB/GYN		593 <input type="checkbox"/> Poss SIDS	
594 <input type="checkbox"/> Psychiatric		595 <input type="checkbox"/> Seizure		596 <input type="checkbox"/> Shock		597 <input type="checkbox"/> Other	
598 <input type="checkbox"/> OB/GYN		599 <input type="checkbox"/> Poss SIDS		600 <input type="checkbox"/> Psychiatric		60	

EMERGENCY DEPT. REPORT

CHIEF COMPLAINT: Apparent seizure disorder.

HISTORY OF PRESENT ILLNESS: The patient is a 42 y/o female who was at her work as a dental assistant when she didn't feel quite right and asked to lie down in the dental chairs at work. She then became combative with inappropriate screaming at periodic times and flailing about with her arms and legs. Some of this history is reported by co-workers and some by paramedics. The patient was not a patient in the dental office but was at work and did not receive any medication. Additional history supplied by patient's sister is that the patient has no significant medical history and has had no recent symptoms of abnormality. In fact, the sister went for a walk with her, or as she put it a power walk, yesterday before her sister went to work and she felt perfectly normal. The sister states there are no chronic complaints other than obesity and apparently according to her sister does not take medications for anything.

PAST MEDICAL HISTORY: Positive only for obesity. There is no history of hypertension that I can find from her sister or co-workers.

REVIEW OF SYSTEMS: The patient had not complained to anyone of symptoms other than immediately prior to this sudden onset of apparent seizure activity. She did, however, complain at work of weakness and dizziness, "felt funny" and a mild headache. There is no complaint of a change in vision, ENT problems, respiratory problems, cardiac problems, nausea, vomiting or gastrointestinal problems, pain or burning with urination or GU problems, neurologic problems, allergic problems or psychiatric problems.

FAMILY HISTORY: The patient from what I can tell has been a nonsmoker and has a stable home situation.

PHYSICAL EXAMINATION:

GENERAL: Upon arrival in the emergency room, treatment had been initiated by paramedics with an IV and a total of 10 mg of Valium at the seen without any response or control of the patient. On arrival in the emergency room the patient was not sedated in the least and would periodically thrash about and yell with tremulous activity of her jaw and extremities. In fact, her extreme motor activity did dislodge the IV and a new IV had to be initiated.

HEENT: She demonstrated no sign of head injury or trauma to her head. She demonstrated normal eyes, ears, nose and throat.

NECK: Supple, nontender, no lymphadenopathy. No meningismus.

CHEST: Nontender, symmetrical. No retractions or crepitus.

LUNGS: Clear to auscultation and breath sounds equal, no wheezes, rales or rhonchi. No pleural rubs.

HEART: Regular rate and rhythm without murmurs, ectopy, gallops or rubs.

ABDOMEN: Soft, nontender, good bowel sounds. No hepatosplenomegaly, rebound, guarding, firm or pulsatile mass.

EXTREMITIES: No gross deformities noted and no bony tenderness. No soft tissue swelling or increased warmth. No joint effusions and range of motion of all joints is within normal limits. Neurovascular status of extremities is within normal limits.

NEUROLOGIC: Exam was complicated by the lack of response by the patient but there were no focal abnormalities. The patient had symmetric muscular strength and range of motion and pupil or any cranial nerve activity from what I could tell.

It was apparent, however, that we would need to do a full evaluation including a CT and attempts were made to sedate the patient and paralyze her so we could do the CT. However, after 200 mg of succinylcholine and approximately 10 mg of Valium and 13 mg of Versed, the patient was not sedated and initial attempt at

-- EMERGENCY DEPT.
REPORT

Signature _____

000004

Page 2

intubation x 2 was unsuccessful. At that point, I also had additional life threatening cases in the emergency room including a PNB and another cardiac arrest as well as a dislocated ankle and a cocaine overdose. I therefore contacted anesthesiology on call and Dr. [REDACTED] was kind enough to come in and intubate the patient. Initial data was as following that including a CT scan that was unrewarding and other than an elevated CPK, and MB which may have been secondary to muscle activity, we had no significant abnormality. The patient did have a drug screen which was positive for benzodiazepines and amphetamines, but I believe the benzodiazepines were secondary to our therapeutic medications. The case was discussed with Dr. [REDACTED] who was kind enough to assume the care of the patient. The patient was transferred to intensive care. A lumbar puncture was done by Dr. [REDACTED] in radiology and the patient was then transferred to ICU [REDACTED]

The patient's status demonstrated stable vitals at that time, but again no etiology as to her averant presentation was successful.

The pharmacist, [REDACTED], was called and was kind enough to come in and arrange for a phenobarb and Cerebyx medications because of the persistent abnormal CNS activity and apparent seizure activity.

The preliminary situation was discussed with family members and friends and preliminary diagnosis was apparent seizure disorder, rule out intracranial abnormality. The specific etiology remains to be determined.

dd 07-03-98
dt 07-03-98

-- EMERGENCY DEPT.
REPORT

Signature [REDACTED]

000005

DEPARTMENT RECORD

ARRIVAL AT HOSPITAL		DATE		TIME	
<input checked="" type="checkbox"/> AMBULATORY <input type="checkbox"/> POLICE <input type="checkbox"/> RELATIVE <input type="checkbox"/> SELF <input type="checkbox"/> OTHER <input type="checkbox"/> SCHOOL <input type="checkbox"/> WORK <input type="checkbox"/> HOME <input type="checkbox"/> AUTO <input type="checkbox"/> PHYS <input type="checkbox"/> CORNER <input type="checkbox"/> POLICE		7-2-98		2100	
ACIDENT DATE: NA		PHONE NO.		PRESENT MEDICATION	
ALLERGIES		BY WHOM		NAME DOSE FREQUENCY	
PRESENT COMPLAINT		LAST TEST		DOSE	
MENTAL STATUS		PAIN SCALE		FREQUENCY	
<input checked="" type="checkbox"/> ALERT <input type="checkbox"/> GCS <input type="checkbox"/> UNCONSCIOUS <input checked="" type="checkbox"/> ORIENTED <input type="checkbox"/> CONFUSED <input type="checkbox"/> UNCONSCIOUS		PAST MED HISTORY		<input type="checkbox"/> NONE <input type="checkbox"/> UNKNOWN	
NSG. HISTORY AND ASSESSMENT		REFERRED BY DR.		WEIGHT (lbs) HEIGHT	
@ work as dental assistant felt "funny" Noted to have seizure by staff. Combative, pink warm dry well perfused.		unknown		CODING (MEDICAL RECORDS USE ONLY) DX: PROCEDURE SURGEON	
ASSESSMENT AS APPROPRIATE		ASSESSMENT AS APPROPRIATE		1. 1.	
NURSING DIAGNOSIS (Number) Comfort, Alterations in Injury, Potential Alt in Body Temp Mobility, Impaired Knowledge deficit Anxiety Fluid Volume, Alterations In: Skin Integrity, Impaired Alt in Tissue Perf Other		Skeletal NA <input type="checkbox"/> WNL <input type="checkbox"/> SEE NOTES <input type="checkbox"/> Psych-social NA <input type="checkbox"/> WNL <input type="checkbox"/> SEE NOTES <input type="checkbox"/> Neuro NA <input type="checkbox"/> WNL <input type="checkbox"/> SEE NOTES <input type="checkbox"/> Cardio-vas NA <input type="checkbox"/> WNL <input type="checkbox"/> SEE NOTES <input type="checkbox"/> Respiratory NA <input type="checkbox"/> WNL <input type="checkbox"/> SEE NOTES <input type="checkbox"/> GI NA <input type="checkbox"/> WNL <input type="checkbox"/> SEE NOTES <input type="checkbox"/> GU NA <input type="checkbox"/> WNL <input type="checkbox"/> SEE NOTES <input type="checkbox"/> Skin NA <input type="checkbox"/> WNL <input type="checkbox"/> SEE NOTES <input type="checkbox"/>		2. 2. 3. 3. 4. 4. 5. 5. 6. 6. 7. HCPCS 8. 1. 9. 2. 10. 3. 11. 4.	
Dx Patient Goal/Expected Outcome By Discharge		Goal Eval Nurse Init Key		ACCIDENT DATE: DISCHARGE STATUS: RELEASE DATE:	
INITIAL PHYSICIAN EXAM BY: DR. [redacted]		TIME		M = Goal Met N = Goal Not Met X = Evaluation in nurses notes	
TIME BP P R T		NURSES NOTES		2100 130/80 118 36 4 #20 PIV c NS @ forearm. Pt yelling, pink, warm, diaphoretic not following directions. On monitor ST 2105 3mg Versed IV 2106 138/68 3mg Versed IV 2118 200mg Succinylcholine IV 2121 3mg Versed 2122 Intubated c 7.5 OETT - into stomach, extubated 2122 10mg Valium 2127 136/74 120 24 3mg Versed 2130 Foley Placed #16 3mg Versed IV 2145 7.5 OETT placed per Dr. Clar 3mg Versed 2152 CXR 2200 Versed 3mg 2215 6mg Versed Cerebryx 1000 NPB 2230 6mg Versed Labs drawn to 1100. Return 12 Versed 5mg 1100, 5mg 1130	
LEFT ED		TRANSPORTED WITH		INITIALS SIGNATURES	
VERBALIZES UNDERSTANDING OF <input type="checkbox"/> ALL MEDICINES GIVEN OR PRESCRIBED <input type="checkbox"/> USE OF ALL EQUIPMENT PROVIDED OR PRESCRIBED <input type="checkbox"/> ALL DISCHARGE INSTRUCTIONS PAIN SCALE AT DISCHARGE		<input type="checkbox"/> NON-EMERGENT <input type="checkbox"/> URGENT <input checked="" type="checkbox"/> EMERGENT <input type="checkbox"/> INJECTION <input type="checkbox"/> MINIMUM CARE <input type="checkbox"/> URGENT CARE 1 2 3 4		DISPOSITION HOME MORGUE SURG WORK TRANS. TO: <input type="checkbox"/> ADMIT - ROOM NO. TRANSFER FORMS COMPLETED IF APPLICABLE <input type="checkbox"/> OBSERVATION	

000006

LAST NAME

AGE

DATE

TIME

142

7/2/98

2100

PHYSICIAN EVALUATION

Seizure episode w/ respiratory
decompensation. Given SDC / Versed / Val
by ER M.D. - breathing spontaneously at p
Ataxic gait, Versed 2 mg, IV
Xylocaine jelly
7.5 endo tube oral - direct vision
Rt. breath sounds - Vitals stable

to work on a lacerated
assist: lacerated heel wall
& wound to max 1 1/2 cm
in lacerated chin started
bleeding when x jelly
was removed to SDC
D/C at request of 10 mg Val
IV at this time
new IV started

STUDY	RESULT
<input type="checkbox"/> ABG	
<input type="checkbox"/> HEMOGM	
<input checked="" type="checkbox"/> CBC	
<input type="checkbox"/> BMP	
<input checked="" type="checkbox"/> CMP	
<input checked="" type="checkbox"/> CRK WITH MB	
<input checked="" type="checkbox"/> TROPONIN	
<input checked="" type="checkbox"/> PT / PTT	
<input checked="" type="checkbox"/> UA-CATH	
<input type="checkbox"/> UA-CC	
<input type="checkbox"/> UA PREG	
<input type="checkbox"/> RAPID STREP	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input checked="" type="checkbox"/> CXR	
<input type="checkbox"/> C-SPINE	
<input type="checkbox"/> CT Head	
<input type="checkbox"/> Drug Screen	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input checked="" type="checkbox"/> EKG	
<input type="checkbox"/> MED. REC.	

PHYSICIAN'S ORDERS

☐ IV

RATE

cc/HR

☐ O2

L

☐ CANNULA
☐ MASK☐ MONITOR☐ FOLEY☐ NG TUBE☐ PULSE OX

Phendyl 500mg

Cefazolin

Versed 10mg
succ. / intubated endotracheal

AP 12/4/98

DIAGNOSIS

Seizure Disorder
② No CNS / intracranial
abnormalities / ③ Altered
mental status

DISPOSITION OF HOME	TRANS	EXPIRED	23 HR.	HH	AMA	AUTOPSY	ADMIT	TELEM
PATIENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONDITION OF	GOOD	STABLE	CRITICAL	DECEASED
PATIENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

PHYSICIAN

X

MAY RE

NOW _____ DAYS

BY PERSONAL PHYSICIAN

FOLLOW-UP CARE WITH PERSONAL PHYSICIAN IN _____ DAYS

REFERRED TO DOCTOR

ONLY AS NEEDED OR IF SYMPTOMS ARE NOT IMPROVING IN _____ DAYS

OR SOONER IF YOU ARE FEELING WORSE OR SYMPTOMS WORSEN

PATIENT INSTRUCTIONS

- | | |
|--|---|
| <input type="checkbox"/> SUTURED WOUNDS | <input type="checkbox"/> GROUP SHEET |
| <input type="checkbox"/> OPEN WOUNDS | <input type="checkbox"/> NOSE BLEEDS |
| <input type="checkbox"/> HEAD INJURY AROUSAL | <input type="checkbox"/> COLDS / SORE THROATS |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> VENEREAL DISEASE / PID |
| <input type="checkbox"/> CONTUSION / SPRAIN / | <input type="checkbox"/> VOMITING / DIARRHEA |
| FRACTURE | <input type="checkbox"/> BACK PAIN |
| <input type="checkbox"/> FEVER | <input type="checkbox"/> EYE INJURIES |
| <input type="checkbox"/> ABDOMINAL PAIN | <input type="checkbox"/> SHORTNESS OF BREATH |
| <input type="checkbox"/> TETANUS / DIPHTHERIA | <input type="checkbox"/> SEIZURE |
| IMMUNIZATION | |

ADDITIONAL INSTRUCTIONS

I UNDERSTAND AND HAVE RECEIVED THE INSTRUCTIONS
AS EXPLAINED TO ME

X
MEDICAL RECORDS

PATIENT'S SIGNATURE

000007

MED FLIGHT

☐ OUTPATIENT
☒ OUTSIDE INSTITUTION

Service Date 07/03/1998

FLIGHT NUMBER [REDACTED]

D.O.B. [REDACTED]

Name [REDACTED]

Name [REDACTED]

Address [REDACTED]

Address [REDACTED]

City/State [REDACTED]

Attention: [REDACTED]

Qty/1 Way Miles

Service Code

Description

Dispatcher [REDACTED]

39

1

1

Air Critical Transport
Flight for Life

MEDICAL JUSTIFICATION

MED FLIGHT

Pick-up Site: Institution/Scene

Name [REDACTED]

Date of Service 07/03/1998

Address [REDACTED]

Patient Name [REDACTED]

City/State [REDACTED]

Birthdate [REDACTED]

Miles Flown 39

Medical Record # [REDACTED]

What service was needed that was unavailable at pick-up institution?

Neuro ICU

Was delivery institution closest facility providing needed services?

yes

Why was air transport vs. land transport needed?

crit care Team

Diagnosis MOF

ICD-9-CM DX [REDACTED]

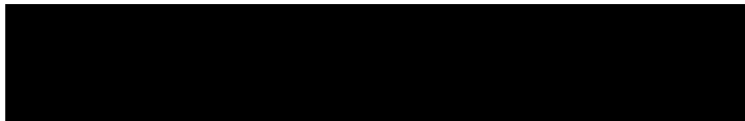
Physician Signature [REDACTED]

Admitting Unit [REDACTED]

000008

Diagnosis or Complaints

[REDACTED]



Transport Request
Account Number:

History Number:

Req # [REDACTED] Req Date: 07/03/98
Type: Helicopter Interhospital
Dispo: Patient Transported

Name [REDACTED]
Addr: [REDACTED]

Ref Agency [REDACTED]
Ref Unit: [REDACTED]
Ref MD: [REDACTED]
Loc State [REDACTED]

SS: - - DOB: [REDACTED]
Race: W Sex: F Age: 42 yrs..
Next of Kin:

Rec Agency [REDACTED]
Rec Unit: [REDACTED]
Rec MD: [REDACTED]
Category: Medical (Adult)
Diagnosis: Multiple Organ Failure

Req Date: 07/03/98
Loaded Miles: 0
Call Rcvd: 08:46 Total Miles: 0
Notify Plt: 09:56
Wx Confirm: 09:57 Elapsed Times:
Dispatch: 09:57 Dispatch: 70
Liftoff: *09:57 Wx Check: 1
Arrive 1: *10:15 Liftoff: 0
Depart 1: 11:30 Response: 1
Arrive 2: 12:30 Fly to Pt: 0
Fly with Pt: 18
Other Flt: 60
Tot Leg Time: 78
On Scene: 0
Bedside: 63
Total Crew: 0

Crew 1: [REDACTED]
Crew 2: [REDACTED]

Pilot 1:

Dispatcher [REDACTED]
Aircraft [REDACTED]
AC Type [REDACTED]

In Service: 09:57
Completed: 09:57
Ar Bedside: 10:20
Dp Bedside: 11:23

Allergies: NKDA
Belongings: Wearing gold band
Pt Weight: 198
CC: Multisystem organ failure

HPI:
2 year old female presented to local E.R. yesterday via ambulance. Pt. at work, reported feeling dizzy, "funny" and not "right" with a slight H/A. Jerky seizure-like activity, given valium. Patient chemicall paralyzed, intubated and sedated for evaluation, and was that way upon our arrival. Head CT and LP negative, tox. screen positive for amphetamines and benzodiazepines. Pt. had also rec'd dilantin, lidocaine and antibiotics. Admitted to ICU, had couple episodes of desatting and hypotension. Started on dopamine gtt. and to be

000009



Flight Request Printout - Request #: [REDACTED]

HPI:.....continued

transferred to [REDACTED] for further rx and eval. Remained combative when paralytic not used.

PE:

Upon our arrival, pt. opens eyes, some movement noted. PIV x3 present, L PIV capped by flight crew as hand purpuric, arm cool to elbow, some med reported infiltrated, unknown per staff, warm moist compresses to hand, which was elevated. R hand area IV with dopamine drip infusing, r arm IV with D51/2 NS with 30kcl. Capped both these IV's prior to transport as that arm somewhat erythematous. New PIV started by flight crew, dopamine and maintenance IV via periph ante. IV. Patient sedated and paralyzed by boluses of versed and vecuronium. Taken off ventilator prior to transport and bagged. Sinus tach on monitor with no ectopy, skin pale cool, diaphoretic. Sats 85-96%. Dopamine gtt titrated, was at 24 cc/hr or 7mcg/kg/min to keep BP up. Abd round soft, NG dng dk brown gastric contents, foley to dep. dng, left hand also swollen. Had been on vent. PTA, off during transport. Remained tachycardic during transport, but BP inc., so dopa. gtt decreased and eventually stopped. Loaded and secured to stretcher, placed on monitors, loaded onto ambulance.

PMHx:

History of migraines, T&A, reported on some medication Ma Huang extract and guaran extract for obesity rx.

Rx:

Loaded and secured to stretcher, prepared for ground transport to [REDACTED] IV's and drugs as outlined. O2 sats down af while at hospital, stabilized, new IV access obtained, PEEP 10 upon arrival to hospital, decreased to 6 near completion of ambulance transport.

Labs:

ABG: PTA : FIO2 pH 7.44 pCO2 26.1 pO2 81 BE -4.7 HCO3 17 Site:
Chem: PTA : Na+ 138 K+ 3.7 Ca+ Cl- CO2 Gluc 146 BUN 12 Crea 1.0
Hema: PTA : Hgb 12.6 Hct 36.2 WBC 16.5 Plt 242 PT APTT
Segs Bands Lymphs Meta Myel

Other:

Meds:

IV d51/2NS w/ 30kcl at 100 cc/hr. Dopamine at 24cc or 7mcg/kg/min to 3.5 mcg/kg/min at 12:03, and off at 12:06. Versed 2 mg IV at 1055, 1115, 1145, 1151 and 4 mg at 1212, vecuronium 10 mg IV at 1050 and 1157. NO additional meds given.

Vital Signs					Airway Management					
Time	BP	P	R	O2	Time	Method	Rate	Conc	ETT	Who
11:41	85 /67	152	16	91%	10:15	Ventilator	16	100%	7.5	
11:45	103/70	153	16	94%	1020	Bag-Valve ET tube	16	100%		
11:55		155	16	89%						
11:57	173/102	153	16	87%						
12:06	167/95	153	16	87%						

Flight Request Printout - Request #

12:13	165/82	148	16	87%					
12:23	143/89	143	16	88%					

More Vital Signs

Time	EKG	Temp	Skin Color	Temp	Moist	L eye	R eye	GCS Score
10:15	Sinus Tachycardia		Pale	Cold	Moist			E V M GCS
			Color	Temp	Moist			E V M GCS

Fluid Therapy

Fluid Therapy						Intake		Output	
Time	Site	Fluid	Rate	Ga.	Who	Pre	Inf	Pre	Inf
11:00	R ante	Other (specify in Meds)	100	16.0		0	100.0	0	0
10:20	R ante	Dopamine GTT	24	16.0			30.9		

Procedures and Supplies

Procedures and Supplies	Who
EKG, Three lead	
IV Pump	
PEEP valve	
Pulse Oximeter	

Place EKG Strip Here

SIGNATURES